

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number NM-09840																					
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name																					
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name																					
4. Location of Well, Footage, Sec., T, R, M 855'FSL, 1180'FWL, Sec.13, T-26-N, R-9-W, NMPM	8. Well Name & Number Tibbar Federal #1E																					
	9. API Well No. 30-045-29141																					
	10. Field and Pool Basin Dakota																					
	11. County and State San Juan Co, NM																					
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA																						
<table border="0"><tr><td>Type of Submission</td><td colspan="2">Type of Action</td></tr><tr><td><input type="checkbox"/> Notice of Intent</td><td><input type="checkbox"/> Abandonment</td><td><input type="checkbox"/> Change of Plans</td></tr><tr><td><input checked="" type="checkbox"/> Subsequent Report</td><td><input type="checkbox"/> Recompletion</td><td><input type="checkbox"/> New Construction</td></tr><tr><td><input type="checkbox"/> Final Abandonment</td><td><input type="checkbox"/> Plugging Back</td><td><input type="checkbox"/> Non-Routine Fracturing</td></tr><tr><td></td><td><input type="checkbox"/> Casing Repair</td><td><input type="checkbox"/> Water Shut off</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Altering Casing</td><td><input type="checkbox"/> Conversion to Injection</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Other -</td><td></td></tr></table>		Type of Submission	Type of Action		<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing		<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off		<input checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection		<input checked="" type="checkbox"/> Other -	
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13. Describe Proposed or Completed Operations																						
11-3-94 RU. Load backside w/1 1/2 KCl wtr. Load tbq w/wtr. Sqz through cmt retainer @ 6670' w/100 sx Class "G" neat cmt. Sqz 28 sx into formation. Final pressure 4500 psi. Sting out of retainer. Reverse cmt out of tbq. TOH w/tbg.																						

RECEIVED
DEC 12 1994
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct.

Signed [Signature] Title Regulatory Affairs Date 11/3/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

FARMINGTON DISTRICT OFFICE